

36. REMARKS	
37. POINT OF CONTACT (MUST be completed)	
a. PERSON SUBMITTING REPORT (<i>Last Name, First, Middle Initial</i>)	b. ORGANIZATION
c. OFFICE SYMBOL OR DELIVERY CODE	d. TELEPHONE NUMBER (<i>Specify AUTOVON or Commercial</i>)
e. AUTODIN MESSAGE PLAIN LANGUAGE ADDRESS (PLA) TO INCLUDE OFFICE SYMBOL OR CODE (<i>As outlined in USMCEB Pub. No. 6/DA Pamphlet 25-11 / USN PLAD 1/AFR 700-31, Joint DoD Plain Language Address Directory - issued and updated quarterly</i>)	
f. AUTODIN ROUTING INDICATOR	
g. ORGANIZATION MAILING ADDRESS (<i>Include Zip Code</i>)	

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